DECLARATION - U.S.A Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am an original, first and joint inventor of the subject matter which i
claimed and for which a patent is sought on the invention entitled CYCLOPENTANI
HEPTAN(ENE)OIC ACID, 2-THIOCARBAMOYLOXY AND 2-CARBAMOYLOXY
COMPOUNDS AS THERAPEUTIC AGENTS, the specification of which
x is attached hereto as Attorney Docket No. 17616(AP).
was filed on as Application Serial No.
(Attorney Docket No)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No. Filing Date

I hereby appoint Robert Baran, Registration No. 25,806, Martin A. Voet, Registration No. 25,208; Carlos A. Fisher; Registration No. 36,510; Stephen Donovan, Registration No. 33,433 and Brent A. Johnson, Registration No. 51,851 as attorneys to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO AND DIRECT TELEPHONE CALLS TO:

Robert J. Baran (T2-7H) ALLERGAN, INC. Legal Department 2525 Dupont Drive Irvine, CA 92612

Telephone: (714) 246-4669 Facsimile: (714) 246-4249 I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF FIRST INVENTOR:						
First Name:	st Name: Initial		Last Name			
David W.		Old				
RESIDENCE & CITIZENSHIP						
City	State or	Foreign Country	Country of Citizenship			
Irvine	CA		USA			
POST OFFICE ADDRESS						
Post Office Address	City		State or Country		Zip Code	
13771 Typee Way	Irvine		CA		92620	
SIGNATURE OF FIRST INVENTOR			DATE:			
Com m. Ow			September 9,2003			
FULL NAME OF SECOND INVENTOR:						
First Name:	Initial		Last Name			
Robert		M.	Burk			
RESIDENCE & CITIZENSHIP						
City	State or Foreign Country		Country of Citizenship		nship	
Laguna Beach	CA		USA			
POST OFFICE ADDRESS						
Post Office Address	City		State or Country		Zip Code	
1337 Cerritos Drive	Laguna	Beach	CA		92651	
SIGNATURE OF SECOND INVENTOR			DATE:			
Tobert & Bull			EDGE, PRIMITED			